

**ROGER WILLIAMS UNIVERSITY
CAPEX: NEW EQUIPMENT REQUESTS
Items \$3,000 or greater ONLY**

DATE: _____

DEPARTMENT / SCHOOL: _____

DEPARTMENT / UNIT GL#: _____

REQUESTED BY (Print Name): _____

<u>DESCRIPTION:</u>	<u>RATIONALE</u>	<u>COST</u>

TOTAL: _____